



LOCAL OPTION VETERAN'S PROGRAM

_____ Grand List

Name(Last) (First) (Middle Initial) Date of Birth(Mo.Day.Yr.) Social Security No.

Spouse's Name(Last) (First) (Middle Initial) Date of Birth(Mo.Day.Yr.) Social Security No.

Mailing Address City or Town State Zip Code

Property Address(Only if different from above) City or Town of Newtown State Zip Code

FILING STATUS: ☐ MARRIED ☐ UNMARRIED ☐ SURVIVING SPOUSE (CIRCLE ONE)

DID YOU OR WILL YOU FILE A FEDERAL TAX RETURN ☐ YES ☐ NO (CIRCLE ONE)

INCOME RECEIVED DURING LAST CALENDAR YEAR:

A.TAXABLE INCOME- Includes:Federal Adjusted Gross Income or its equivalent. Also includes, but is not limited to wages lottery winnings, taxable pensions, IRA's, interest, dividends and net rental income. A. _____

B.NON-TAXABLE INTEREST- Example:Interest from Tax Exempt Government Bonds. B. _____

C.SOCIAL SECURTIY OR RAILROAD RETIREMENT INCOME- (Gross Amount) C. _____

D.ANY INCOME NOT REFLECTED IN THE ABOVE- Examples:Federal Supplemental Social Security Income, State of Connecticut public assistance payments, General Assistance, Veteran's Pensions, Veterans's disability payments and any other income not listed above. D. _____

TOTAL E. _____

Signature of Applicant or Authorized Agent Date Signed Phone No. Agent's Relationship

ASSESSORS AFFIDAVIT _____ I am satisfied that the above named applicant meets all the necessary statutory
_____ This claim is disallowed for the following reason: _____

AMOUNT OF EXEMPTION GRANTED \$ 10,000 (L)

Signature of Assessor or Member of Assessment Staff Date Signed

